DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 06/20/2006

Provider Inspection Summary

For the period 05/01/2003 to 04/30/2006 Adult Day Care Facility STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: LSS ADULT DAY SERVICES (0010044)

Address: 140 N 7TH ST, WEST BEND, WI 53095

License Status: REGULAR

Licensed/Certified/Registered 04/15/2003

Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

Survey History

Survey ID: 0094731 End Date: 05/06/2005 Type: STANDARD Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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